

# LIBERTY Dental Plan of Nevada

## Dental Care Services Information Sheet



**1-866-609-0418 / TTY: 1-877-855-8039**  
**[www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)**

The Nevada Medicaid and Nevada Check Up Dental Program (Nevada Medicaid) covers dental services for:

- Children who are newborns through age 20.
- Children who are under age 19 and qualify for Nevada Check Up.
- Pregnant members who are age 21 or older.
- Adults with special needs who are age 21 or older.
- Adults who are Medicaid-eligible and age 21 or older.

Age Group	Dental Benefits	Medicaid Provisions	Value-Added Benefits
<p>Children, newborns through age 20</p> <p>Children, under age 19 and qualify for Nevada Check Up</p>	<p>Nevada Medicaid covers most dental services for children.</p> <p>Some of the covered dental services for children include:</p> <ul style="list-style-type: none"> <li>• Regular checkups</li> <li>• X-rays</li> <li>• Teeth cleanings</li> <li>• Fluoride treatment</li> <li>• Sealants</li> <li>• Space maintainers</li> <li>• Fillings</li> <li>• Root canals</li> <li>• Crowns/Dentures</li> <li>• Extractions</li> <li>• Anesthesia</li> <li>• Emergency dental care</li> </ul>	<p>Nevada Medicaid provides dental services for most Medicaid-eligible individuals under the age of 21 as a mandated service, a required component of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. Through the EPSDT benefits, individuals under the age of 21 receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention of oral disease and maintenance of dental health. The EPSDT program assures children receive the full range of necessary dental services, including orthodontia when medically necessary and prior-authorized by the Nevada Medicaid QIO-like vendor. The EPSDT screening provider may refer children for dental services. However, such a referral is not necessary if the parent otherwise elects to contact a Medicaid dental provider. The local Medicaid District Office can direct the parent/guardian to local dental providers.</p>	<ul style="list-style-type: none"> <li>• Caries risk assessment</li> <li>• Additional fluoride varnish application by Primary Care Physician (PCP) or mobile based provider</li> <li>• Additional screening of a patient / Assessment of a patient by PCP or mobile based provider, to facilitate fluoride varnish application</li> </ul>

Age Group	Dental Benefits	Medicaid Provisions	Value-Added Benefits
<p>Pregnant members age 21 or older</p>	<p>Nevada Medicaid offers expanded dental services in addition to the adult dental services for Medicaid-eligible pregnant members.</p> <p>Some of the covered dental services for pregnant members include:</p> <ul style="list-style-type: none"> <li>• Regular checkups</li> <li>• Teeth cleanings</li> <li>• Fluoride treatments</li> <li>• X-rays</li> <li>• Fillings</li> <li>• Periodontal maintenance</li> <li>• Periodontal scaling and root planing</li> <li>• Crowns/Dentures</li> <li>• Extractions</li> <li>• Anesthesia</li> <li>• Emergency dental care</li> </ul>	<p>Medical providers or Managed Care Organizations should provide a dental referral when it is discovered that a recipient is pregnant. If available, Dental providers should attach a copy of the referral or provide a statement of pregnancy in the comment section of the ADA claim form to any Prior Authorization (PA) requests for pregnancy-related dental services. Pregnancy-related dental services are discontinued on the date of delivery. Except for services that were authorized but not completed prior to the end of the pregnancy. The expanded pregnancy-related services require prior authorization.</p>	<ul style="list-style-type: none"> <li>• Caries risk assessment</li> <li>• Additional fluoride varnish application by Primary Care Physician (PCP) or mobile based provider</li> <li>• Additional screening of a patient / Assessment of a patient by PCP or mobile based provider, to facilitate fluoride varnish application</li> </ul>
<p>Adults with special needs age 21 or older</p> <p>Adults, Medicaid-eligible age 21 or older</p>	<p>Nevada Medicaid offers emergency extractions, palliative care, and prosthetics (dentures/partials) under certain guidelines and limitations.</p> <p>Some of the covered dental services for adults include:</p> <ul style="list-style-type: none"> <li>• Exams for emergency care</li> <li>• X-rays for emergency care</li> <li>• Full mouth debridement</li> <li>• Prosthetics, including fillings and crowns</li> <li>• Extractions</li> <li>• Anesthesia</li> </ul>	<p>Nevada Medicaid provides dental services for Medicaid-eligible adults who qualify for full Medicaid benefits.</p> <p>Nevada Medicaid authorizes payment for services provided in Intermediate Care Facilities for Individuals with Intellectual Disabilities and nursing facilities to qualified recipients eligible with full Medicaid benefits.</p> <p>Your dentist may need to get prior authorization for some services</p>	<ul style="list-style-type: none"> <li>• Comprehensive exam</li> <li>• X-rays</li> <li>• Caries and periodontal risk assessment</li> <li>• Silver diamine fluoride</li> <li>• Cleaning</li> <li>• Teledentistry</li> </ul>

Member enrolled in the Nevada Medicaid and Nevada Check Up Dental Program (Nevada Medicaid) and eligible for services, may or may not owe any payment.

- If you see a dentist who is a member of the Nevada Medicaid network, you don't have to pay for dental services that are covered by the program.
- If you see a dentist who is not part of the Nevada Medicaid network, you may have to pay for all the services.